

# Benign phyllodes tumour

This leaflet tells you about benign phyllodes tumours. It explains what a benign phyllodes tumour is, and how it is diagnosed and treated.



**Benign breast conditions information**  
provided by Breast Cancer Care



## **Breast Cancer Care doesn't just support people when they've been diagnosed with breast cancer.**

We also highlight the importance of early detection and provide up-to-date, expert information on breast conditions and breast health.

If you have a question about breast health or breast cancer you can call us free on **0808 800 6000** or visit **[breastcancercare.org.uk](https://breastcancercare.org.uk)**

We hope you find this information useful. If you'd like to help ensure we're there for other people when they need us visit **[breastcancercare.org.uk/donate](https://breastcancercare.org.uk/donate)**

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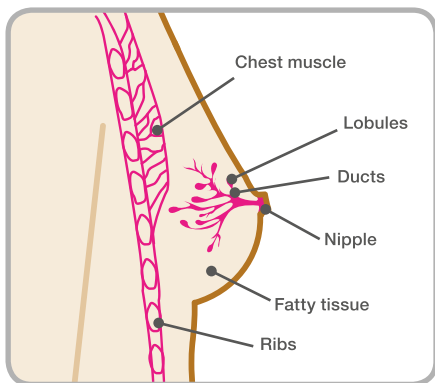
# Introduction

Phyllodes tumours are rare and are usually benign (not cancer). However, some phyllodes tumours are malignant (cancer). They are grouped into three types:

- benign (not cancer)
- borderline (with features that are between benign and malignant)
- malignant (cancer)

This leaflet is for people with a **benign** phyllodes tumour. If you have a borderline or a malignant phyllodes tumour, see our **Phyllodes tumours: borderline and malignant** booklet.

## What is a phyllodes tumour?



Breasts are made up of lobules (milk-producing glands) and ducts (tubes that carry milk to the nipple). These are surrounded by glandular, fibrous and fatty tissue.

Phyllodes tumours are smooth, firm lumps in the breast. Occasionally, a phyllodes tumour grows fairly quickly and can be quite large (often between 40–50mm). Sometimes the skin over the area can be red (inflamed).

Although phyllodes tumours can affect a woman at any age, they're most common between 40 and 50 in those who haven't been through the menopause. It's unlikely that more than one tumour will develop at a time, though it's possible.

Phyllodes tumours can develop in men although this is extremely rare.

## How is it diagnosed?

A phyllodes tumour usually becomes noticeable as a lump in the breast. Once you have been seen by your GP, you'll be referred to a breast clinic, where you'll be examined by a doctor or specialist nurse.

Some women will be diagnosed with a phyllodes tumour after attending routine breast screening without having found a lump.

Phyllodes tumours are diagnosed using a number of tests. These may include:

- a mammogram (breast x-ray)
- an ultrasound scan (using sound waves to produce an image)
- a core biopsy (using a hollow needle to take a sample of breast tissue to be looked at under a microscope – several tissue samples may be taken at the same time)

Sometimes, a fine needle aspiration (FNA) may be done, but this is not commonly used to diagnose phyllodes tumours. An FNA uses a fine needle and syringe to take a sample of cells to be looked at under a microscope.

Sometimes your doctor may also recommend a magnetic resonance imaging (MRI) scan. This uses magnetism and radio waves to produce a series of images of the inside of the breast. An MRI doesn't expose the body to x-ray radiation.

You can read more about these tests in our booklet **Your breast clinic appointment**.

Benign phyllodes tumours are often difficult to diagnose because they can be confused with other benign breast conditions, such as a fibroadenoma. For more information about fibroadenomas, see our **Fibroadenoma** leaflet.

If after having tests your specialist team cannot be sure of the diagnosis, you may need to have an operation to remove the lump. This is so that the whole area can be examined to get a definite diagnosis.

If you'd like more information about any tests you may be having, you can call our free Helpline on **0808 800 6000**.

## Treatment and follow-up

Phyllodes tumours are always treated with surgery. Your specialist will talk to you about the type of surgery you need.

The aim of the surgery is to remove the entire tumour with a margin (border) of normal breast tissue around it. It's important to have a clear margin of healthy tissue when the tumour is removed, as this reduces the risk of it coming back in the future. If a clear margin is not achieved by the initial surgery then further surgery is usually recommended.

Occasionally the size of the tumour (in relation to the size of your breast) may mean that mastectomy (removal of all the breast tissue) is recommended. In this case you will usually be given the option of having breast reconstruction at the same time. If you would like more information see our **Breast reconstruction** booklet.

Benign phyllodes tumours can sometimes come back, so your specialist may want you to have follow-up appointments. Very rarely, benign phyllodes tumours can develop into a borderline or malignant phyllodes tumour.

If your tumour does come back, you'll need to have further surgery. Your specialist will advise you what operation will be best if this happens.

## Further support

You may be anxious about being diagnosed with a benign phyllodes tumour. Even though you might feel relieved that it's a benign condition, you may worry about it coming back. It's important to be breast aware and go back to your GP if you notice any changes in your breasts, regardless of how soon these occur after your diagnosis of a benign phyllodes tumour. You can find out more about being breast aware in our **Know your breasts: a guide to breast awareness and screening** booklet.

If you'd like any further information or support, call our free Helpline on **0808 800 6000** or visit our website **[breastcancercare.org.uk](http://breastcancercare.org.uk)**

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## About this leaflet

**Benign phyllodes tumour** was written by Breast Cancer Care's clinical specialists, and reviewed by healthcare professionals and people affected by breast problems.



For a full list of the sources we used to research it:

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